


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-6-14)

**(CFA-4)  
Summary Sheet**

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

 IS THIS AN AMENDMENT? ☒ Yes ☐ No

## COMMITTEE INFORMATION

 1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

Friends of Kathryn Densborn

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 257-2352

4. Mailing address (address where all campaign finance correspondence is

☐ Check if this is a new address

7649 Washington Blvd

5. City, state, ZIP code

Indianapolis IN 46240

6. Party affiliation (if applicable)

Republican

## CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname)

Kathryn Anne Densborn

8. Party affiliation or if Independent

Republican

9. Office sought (include district number, if any. Not required for exploratory

State Representative

District: 85

10. County of residence

Marion

## TYPE OF REPORT

## CONVENTION CANDIDATES ONLY

11.

PrePrimary

12. Check one:

☐ Pre-Convention☐ Post-Convention

12. Reporting period:

From: 01/01/2006

Through: 04/07/2006

COLUMN A

This Period

COLUMN B

Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0.00

14. Cash on hand and investments January 1, current year.

0.00

## CONTRIBUTIONS AND RECEIPTS

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

35,708.57

35,708.57

15b. Unitemized

0.00

0.00

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

35,708.57

35,708.57

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

35,708.57

35,708.57

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

7,682.77

7,682.77

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

7,682.77

7,682.77

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

28,025.80

28,025.80

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

## CERTIFICATION

 I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS  
TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Signature of Candidate (if applicable)

Date

FOR OFFICE USE ONLY

Filed: Online

9/7/06 2:45 pm

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

90:8 11V 8- JES 90

MARION COUNTY CLERK


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

 State Form 4606 (R 12/11-05)  
Indiana Election Commission (IC 3-9-6-14)

**(CFA-4 SCHEDULE B)  
Itemized Expenditures**

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures reported on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

5300

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street number, city, state, ZIP code)                           | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                       | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|---|---|-----------------------------------|--|------------------------|
| Code: Fundraising<br>1 Andrew Shiel and Gail Shiel<br>7701 N. Pennsylvania St.<br>Indianapolis IN 46240  |   | In-Kind<br><br>Purpose: Fundraiser  | 752.00                            | 752.00                                 | 03/09/2006             |
| Code: Advertising<br>2 Carolyn Andretti Molander<br>8450 North Park Avenue<br>Indianapolis IN 46240      |   | In-Kind<br><br>Purpose: Thank You<br>Mailing                              | 70.38                             | 70.38                                  | 03/13/2006             |
| Code: Advertising<br>3 Carolyn Andretti Molander<br>8450 North Park Avenue<br>Indianapolis IN 46240      |   | Direct<br><br>Purpose: Reimbursement<br>for Purchase of Envelopes         | 1.88                              | 1.88                                   | 03/22/2006             |
| Code: Operations<br>4 Carolyn Andretti Molander<br>8450 North Park Avenue<br>Indianapolis IN 46240       |   | Direct<br><br>Purpose: Reimbursement<br>for Purchase of Postage<br>Stamps | 35.10                             | 36.98                                  | 03/22/2006             |
| Code: Advertising<br>5 Kathryn Anne Densborn<br>7649 Washington Blvd.<br>Indianapolis IN 46240           | Candidate   | In-Kind<br><br>Purpose: Office Supplies                                   | 236.19                            | 236.19                                 | 03/03/2006             |
| Code: Advertising<br>6 Kathryn Anne Densborn<br>7649 Washington Blvd.<br>Indianapolis IN 46240           | Candidate   | In-Kind<br><br>Purpose: Poster  | 25.00                             | 261.19                                 | 03/03/2006             |
| Code: Fundraising<br>7 Shiel Sexton Company, Inc.<br>902 N. Capitol Avenue<br>Indianapolis IN 46204      |   | In-Kind<br><br>Purpose: Fundraiser  | 2,000.00                          | 2,000.00                               | 03/09/2006             |
| SUB TOTAL THIS PAGE OF SCHEDULE B  |   |   | \$ 3,120.55                       |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |   | \$ 3,120.55                       |  |                        |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4608 (R13/11-05)  
Indiana Election Commission (IC 3-9-6-14)

## (CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER

5300

Page 1 of 1

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| CREDITOR'S OR LENDER'S NAME<br>& MAILING ADDRESS<br>(street, number, city, state, ZIP code)                            | ENDORSEER'S OR VENDOR'S<br>NAME & MAIL ADDRESS (if any)<br>(street, number, city, state, ZIP code) | AMOUNT<br><br>NATURE OF DEBT | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |
|--|--|------------------------------|-----------------------|------------------------------------|---------------------------------------|
| 1 xpedx Stores Division<br>P.O. Box 18453<br>Chicago IL 60618<br><br>LENDER'S OCCUPATION: Paper and Office<br>Products | xpedx Stores Division<br>P.O. Box 18453<br>Chicago IL 60618  | 86.44                        | 04/05/2006            | 86.44                              | 0.00                                  |
|  |  | Credit Purchase              |                       |                                    |                                       |
| SUB TOTAL THIS PAGE OF SCHEDULE D  |  |                              |                       |                                    | \$ 0.00                               |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY<br>(Enter total on ITEM 19 of the Summary Sheet)                |  |                              |                       |                                    | \$ 0.00                               |



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-5-23)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

1. Full name of candidate (include any nickname)

Kathryn Anne Densborn

☐ Check if this is a new name

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is)

7649 Washington Blvd

☐ Check if this is a new address

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if independent

Republican

Republican

6. Office sought (include district number, if any. Not required for exploratory)

State Representative

District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code) | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY |
|--|--|---------------------------------------|------------------------------|
| Classification: Other  | Contribution: Direct                     | 1,000.00                              | 11/04/2006                   |
| 1. Association to Build a Better Indiana<br>P.O. Box 44570<br>Indianapolis IN 46244                      | Direct                                   |                                       | Carolyn Andretti             |
| Contributor's Occupation (if applicable)   |  |                                       |                              |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Signature of Candidate (if applicable)

Date

## FOR OFFICE USE ONLY

Filed: Online

11/6/2006 9:26:50PM

5:8 PM 9 - NOV 90

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

CLERK  
MARION COUNTY CLERK  
JAN 2 2007


**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-06)

Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

2

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

|  |  |  |
|--|--|--|
| 1. Full name of candidate (include any nickname)<br><b>Kathryn Anne Densborn</b>   | <input type="checkbox"/> Check is this is a new name                   | 2. Committee telephone number<br><b>(317) 257-2352</b> |
| 3. Mailing address (address where all campaign finance correspondence is)<br><b>7649 Washington Blvd</b>                     | <input type="checkbox"/> Check is this is a new address                |  |
| 4. City, state, ZIP code<br><b>Indianapolis IN 46240</b>   | 5. Party affiliation or if Independent<br><b>Republican Republican</b> |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br><b>State Representative District: 86</b> | 7. County of residence<br><b>Marion</b>                                |  |
| 8. Reporting period:<br>From: <b>10/14/2006</b> Through: <b>11/05/2006</b>   |  |  |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|---|--|---------------------------------------|------------------------------------|
| Classification: Corporation<br>1. Citimark Management Co., Inc.<br>8604 Allisonville Rd.<br>Indianapolis IN 46250<br><br>Contributor's Occupation (if applicable) Property Management | Contribution: Direct<br><br>Direct       | 1,000.00                              | 11/03/2006<br><br>Carolyn Andretti |
| Classification: Corporation<br>2. SPG Graphics, Inc.<br>P.O. Box 6069 - Dept. 98<br>Indianapolis IN 46206<br><br>Contributor's Occupation (if applicable)                             | Contribution: In-Kind<br><br>In-Kind     | 2,000.00                              | 11/03/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                           |                        |
|--|---------------------------|------------------------|
| Signature of Treasurer<br><i>Carolyn Andretti Molander</i> | Title<br><i>Treasurer</i> | Date<br><i>11/5/06</i> |
| Signature of Candidate (if applicable)                     |                           | Date                   |

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## FOR OFFICE USE ONLY

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11/5/2006 5:13:22PM  
82:11 PM 5-70N 90MARION COUNTY CLERK  
*[Signature]*



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)  
Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

1. Full name of candidate (include any nickname)

Kathryn Anne Densborn

☐ Check if this is a new name

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is)

7649 Washington Blvd

☐ Check if this is a new address

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if independent

Republican

Republican

6. Office sought (include district number, if any. Not required for exploratory)

State Representative

District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|---|--|---------------------------------------|------------------------------------|
| Classification: Other<br>1. Todd Rokita Election Committee<br>PO Box 44125<br>Indianapolis IN 46244<br><br>Contributor's Occupation (if applicable) | Contribution: In-Kind<br><br>In-Kind     | 19,237.60                             | 11/02/2006<br><br>Carolyn Andretti |

NOV-4 PM 6:47  
MARION COUNTY CLERK

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

*Carolyn Andretti*

Title

*Treasurer*

Date

*11/4/06*

Signature of Candidate (if applicable)

Date

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11/4/2006 3:25:12PM



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-8-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

3

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

|   |  |   |   |  |
|---|--|---|---|--|
| 1. Full name of candidate (include any nickname)<br>Kathryn Anne Densborn   |  | <input type="checkbox"/> Check is this is a new name            | 2. Committee telephone number<br>(317) 257-2352         |  |
| 3. Mailing address (address where all campaign finance correspondence is)<br>7649 Washington Blvd                     |  |   | <input type="checkbox"/> Check is this is a new address |  |
| 4. City, state, ZIP code<br>Indianapolis IN 46240   |  | 5. Party affiliation or If independent<br>Republican Republican |   |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br>State Representative District: 86 |  | 7. County of residence<br>Marion                                |   |  |
| 8. Reporting period:<br>From: 10/14/2006 Through: 11/05/2006  |  |   |   |  |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY      |
|--|--|---------------------------------------|-----------------------------------|
| Classification: Other<br>7. HRCC<br>47 South Meridian Street, Suite 200<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable) | Contribution: In-Kind<br><br>In-Kind     | 110,000.00                            | 11/01/2006<br><br>Carolyn Andreth |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|   |                           |                        |
|---|---------------------------|------------------------|
| Signature of Treasurer<br><i>Carolyn Andreth Molander</i> | Title<br><i>Treasurer</i> | Date<br><i>11/3/06</i> |
| Signature of Candidate (if applicable)                    |                           | Date                   |

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FOR OFFICE USE ONLY

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11/3/2006 6:30:26PM

6/1/07 - 3 PM 5:56

INDIANA COUNTY CLERK



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-6-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

3

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

|  |  |  |   |  |
|--|--|--|---|--|
| 1. Full name of candidate (include any nickname)<br><b>Kathryn Anne Densborn</b>   |  | <input type="checkbox"/> Check if this is a new name                   | 2. Committee telephone number<br><b>(317) 257-2352</b>  |  |
| 3. Mailing address (address where all campaign finance correspondence is)<br><b>7649 Washington Blvd</b>                     |  |  | <input type="checkbox"/> Check if this is a new address |  |
| 4. City, state, ZIP code<br><b>Indianapolis IN 46240</b>   |  | 5. Party affiliation or if Independent<br><b>Republican Republican</b> |   |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br><b>State Representative District: 86</b> |  | 7. County of residence<br><b>Marion</b>                                |   |  |
| 8. Reporting period:<br>From: <b>10/14/2006</b> Through: <b>11/05/2006</b>   |  |  |   |  |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street number, city, state ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|--|--|---------------------------------------|------------------------------------|
| Classification: Individual<br>1. P.E. MacAllister<br>P.O. Box 1941<br>Indianapolis IN 46206<br><br>Contributor's Occupation (if applicable) Entrepreneur/Corporate Executive | Contribution: Direct<br><br>Direct       | 1,000.00                              | 11/01/2006<br><br>Carolyn Andretti |
| Classification: Individual<br>2. John R. Gibbs<br>1800 Summerlakes Ct.<br>Carmel IN 46032<br><br>Contributor's Occupation (if applicable) Entrepreneur                       | Contribution: Direct<br><br>Direct       | 1,000.00                              | 11/01/2006<br><br>Carolyn Andretti |
| Classification: Individual<br>3. Kathryn Anne Densborn<br>7649 Washington Boulevard<br>Indianapolis IN 46240<br><br>Contributor's Occupation (if applicable) Candidate       | Contribution: Direct<br><br>Direct       | 2,500.00                              | 11/01/2005<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer  
*Carolyn Andretti Melander*Title  
*Treasurer*Date  
*11/3/06*

Signature of Candidate (if applicable)

Date

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## FOR OFFICE USE ONLY

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11/3/2006 6:30:26PM

V-3 PH 5:56

CLERK




**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-06)

Indiana Election Commission (IC 3-9-5-22)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

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## COMMITTEE INFORMATION

|  |  |  |   |  |
|--|--|--|---|--|
| 1. Full name of candidate (include any nickname)<br><b>Kathryn Anne Densborn</b>   |  | <input type="checkbox"/> Check if this is a new name                   | 2. Committee telephone number<br><b>(317) 257-2352</b>  |  |
| 3. Mailing address (address where all campaign finance correspondence is)<br><b>7649 Washington Blvd</b>                     |  |  | <input type="checkbox"/> Check if this is a new address |  |
| 4. City, state, ZIP code<br><b>Indianapolis IN 46240</b>   |  | 5. Party affiliation or if independent<br><b>Republican Republican</b> |   |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br><b>State Representative District: 86</b> |  | 7. County of residence<br><b>Marion</b>                                |   |  |
| 8. Reporting period:<br>From: <b>10/14/2006</b> Through: <b>11/05/2006</b>   |  |  |   |  |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street number, city state ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|---|--|---------------------------------------|------------------------------------|
| Classification: Other<br>4. All Children Matter Indiana<br>1 S. 6th St.<br>Terre Haute IN 47807<br><br>Contributor's Occupation (if applicable)                                     | Contribution: Direct<br><br>Direct       | 10,000.00                             | 11/01/2006<br><br>Carolyn Andretti |
| Classification: Other<br>5. Indiana Republican State Central Committee<br>47 South Meridian St., Suite 200<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable) | Contribution: In-Kind<br><br>In-Kind     | 6,106.05                              | 11/01/2006<br><br>Carolyn Andretti |
| Classification: Other<br>6. HRCC<br>47 South Meridian Street, Suite 200<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable)                                    | Contribution: In-Kind<br><br>In-Kind     | 13,291.01                             | 11/01/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

11/3/06

Signature of Candidate (if applicable)

Date

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

Filed: Online

11/3/2006 6:30:26PM

11 5:56

NOV 03 2006



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

**(CFA-11)**

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

**COMMITTEE INFORMATION**

|   |  |   |   |  |
|---|--|---|---|--|
| 1. Full name of candidate (include any nickname)<br>Kathryn Anne Densborn   |  | <input type="checkbox"/> Check is this is a new name            | 2. Committee telephone number<br>(317) 257-2352 |  |
| 3. Mailing address (address where all campaign finance correspondence is)<br>7649 Washington Blvd                     |  | <input type="checkbox"/> Check is this is a new address         |   |  |
| 4. City, state, ZIP code<br>Indianapolis IN 46240   |  | 5. Party affiliation or if Independent<br>Republican Republican |   |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br>State Representative District: 86 |  | 7. County of residence<br>Marion                                |   |  |
| 8. Reporting period:<br>From: 10/14/2006 Through: 11/05/2006  |  |   |   |  |

For classification, enter INDY for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|---|--|---------------------------------------|------------------------------------|
| Classification: Other<br>1. Indiana Republican State Central Committee<br>47 South Meridian St., Suite 200<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable) | Contribution: In-Kind<br><br>In-Kind     | 2,500.00                              | 10/31/2006<br><br>Carolyn Andretti |

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                           |                        |
|--|---------------------------|------------------------|
| Signature of Treasurer<br><i>Carolyn Andretti Melander</i> | Title<br><i>Treasurer</i> | Date<br><i>11/2/06</i> |
| Signature of Candidate (if applicable)                     |                           | Date                   |

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

**FOR OFFICE USE ONLY**

Filed: Online

11/2/2006 7:08:01PM

15: L W 8 - NOV 90

MAKING COUNTY CLERK



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48462 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

1. Full name of candidate (include any nickname)

Kathryn Anne Densborn

☐ Check if this is a new name

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is)

7649 Washington Blvd

☐ Check if this is a new address

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if independent

Republican

Republican

6. Office sought (include district number, if any. Not required for exploratory)

State Representative

District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|--|--|---------------------------------------|------------------------------------|
| Classification: PAC<br>1. Insurance Political Action Committee<br>201 N. Illinois St., Suite 1410<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable) | Contribution: Direct<br><br>Direct       | 5,000.00                              | 10/30/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Carolyn Andretti Melander

Title

Treasurer

Date

11/1/06

Signature of Candidate (if applicable)

Date

FOR OFFICE USE ONLY

Filed: Online

11/1/2006 10:07:29PM

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

NOV 2 - NOV 90

MARION COUNTY INDIANA



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 46482 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE OF THIS REPORT

2

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

1. Full name of candidate (include any nickname)

Kathryn Anna Densbom

☐ Check if this is a new name

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is)

7649 Washington Blvd

☐ Check if this is a new address

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if Independent

Republican

Republican

6. Office sought (include district number, if any. Not required for exploratory)

State Representative

District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|--|--|---------------------------------------|------------------------------------|
| Classification: Individual<br>1. Tadd Miller<br>450 East Ohio St., Apt. 304<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable) Corporate Executive | Contribution: Direct<br><br>Direct       | 1,500.00                              | 10/28/2006<br><br>Carolyn Andretti |
| Classification: Corporation<br>2. TM Miller Enterprises Inc.<br>4495 Saguaro Trail<br>Indianapolis IN 46268<br><br>Contributor's Occupation (if applicable)              | Contribution: Direct<br><br>Direct       | 2,000.00                              | 10/28/2006<br><br>Carolyn Andretti |
| Classification: PAC<br>3. Friends of Fishers PAC<br>P.O. Box 978<br>Fishers IN 46038<br><br>Contributor's Occupation (if applicable)                                     | Contribution: Direct<br><br>Direct       | 1,500.00                              | 10/28/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Carolyn Andretti Molander

Title

Treasurer

Date

10/30/06

Signature of Candidate (if applicable)

Date

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

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Filed: Online  
10/30/2006 10:48:07PM

OCT 30 PM 11:33

INDIAN COUNTY CLERK



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

2

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

1. Full name of candidate (include any nickname)

Kathryn Anne Densbom

☐ Check if this is a new name

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is)

7649 Washington Blvd

☐ Check if this is a new address

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if independent

Republican

Republican

6. Office sought (include district number, if any. Not required for exploratory)

State Representative District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|---|--|---------------------------------------|------------------------------------|
| Classification: Other<br>4. Indiana Republican State Central Committee<br>47 South Meridian St., Suite 200<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable) | Contribution: In-Kind<br><br>In-Kind     | 3,333.33                              | 10/28/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS  
TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Carolyn Andretti Molander

Title

Treasurer

Date

10/30/06

Signature of Candidate (if applicable)

Date

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

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10/30/2006 10:48:07PM

OCT 30 PM 11:33

MARION COUNTY CLERK


**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (3/3/11-05)

Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

|  |  |  |
|--|--|--|
| 1. Full name of candidate (include any nickname)<br><b>Kathryn Anne Densbom</b>  | <input type="checkbox"/> Check if this is a new name                   | 2. Committee telephone number<br><b>(317) 257-2352</b> |
| 3. Mailing address (address where all campaign finance correspondence is)<br><b>7649 Washington Blvd</b>                     | <input type="checkbox"/> Check if this is a new address                |  |
| 4. City, state, ZIP code<br><b>Indianapolis IN 46240</b>   | 5. Party affiliation or if independent<br><b>Republican Republican</b> |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br><b>State Representative District: 86</b> | 7. County of residence<br><b>Marion</b>                                |  |
| 8. Reporting period:<br>From: <b>10/14/2006</b> Through: <b>11/05/2006</b>   |  |  |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|--|--|---------------------------------------|------------------------------------|
| Classification: Other<br>1. Mike Murphy Committee<br>5686 N. Washington Blvd.<br>Indianapolis IN 46220<br><br>Contributor's Occupation (if applicable) | Contribution: Direct<br><br>Direct       | 1,000.00                              | 10/26/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                           |                         |
|--|---------------------------|-------------------------|
| Signature of Treasurer<br><i>Carolyn Andretti Molander</i> | Title<br><i>Treasurer</i> | Date<br><i>10/28/06</i> |
| Signature of Candidate (if applicable)                     |                           | Date                    |

FOR OFFICE USE ONLY

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10/28/2006 7:58:21PM

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose.  
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

CS-0111

62 100 90

MARION COUNTY CLERK



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48482 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

**(CFA-11)**

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

2

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

**COMMITTEE INFORMATION**

|   |  |   |   |  |
|---|--|---|---|--|
| 1. Full name of candidate (include any nickname)<br>Kathryn Anne Densbom  |  | <input type="checkbox"/> Check if this is a new name            | 2. Committee telephone number<br>(317) 257-2352         |  |
| 3. Mailing address (address where all campaign finance correspondence is)<br>7649 Washington Blvd                     |  |   | <input type="checkbox"/> Check if this is a new address |  |
| 4. City, state, ZIP code<br>Indianapolis IN 46240   |  | 5. Party affiliation or if independent<br>Republican Republican |   |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br>State Representative District: 86 |  | 7. County of residence<br>Marion                                |   |  |
| 8. Reporting period:<br>From: 10/14/2006 Through: 11/05/2006  |  |   |   |  |

For classification, enter INDY for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|--|--|---------------------------------------|------------------------------------|
| Classification: Other<br>1. Young for State Senate Committee<br>3520 Beecher Ave.<br>Indianapolis IN 46224<br><br>Contributor's Occupation (if applicable) | Contribution: Direct<br><br>Direct       | 1,000.00                              | 10/24/2006<br><br>Carolyn Andretti |
| Classification: Other<br>2. HRCC<br>47 South Meridian Street, Suite 200<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable)           | Contribution: In-Kind<br><br>In-Kind     | 30,692.71                             | 10/24/2006<br><br>Carolyn Andretti |

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                           |                         |
|--|---------------------------|-------------------------|
| Signature of Treasurer<br><i>Carolyn Andretti Melander</i> | Title<br><i>Treasurer</i> | Date<br><i>10/26/06</i> |
| Signature of Candidate (if applicable)                     |                           | Date                    |

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

**FOR OFFICE USE ONLY**

Filed: Online  
10/26/2006 8:58:24PM

06 OCT 27 11 17 AM '06

MARION COUNTY CLERK



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48482 (R3/11-05)

Indiana Election Commission (IC 3-9-6-2C)

**(CFA-11)**

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

2

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

**COMMITTEE INFORMATION**

1. Full name of candidate (include any nickname)

Kathryn Anne Densborn

☐ Check if this is a new name

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is)

7649 Washington Blvd

☐ Check if this is a new address

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if independent

Republican

Republican

6. Office sought (include district number, if any. Not required for exploratory)

State Representative

District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|---|--|---------------------------------------|------------------------------------|
| Classification: Individual<br>1. J. Patrick Rooney<br>5835 W. 74th St.<br>Indianapolis IN 46278<br><br>Contributor's Occupation (if applicable) Corporate Executive | Contribution: Direct<br><br>Direct       | 10,000.00                             | 10/23/2006<br><br>Carolyn Andretti |
| Classification: Other<br>2. HRCC<br>47 South Meridian Street, Suite 200<br>Indianapolis IN 46204<br><br>Contributor's Occupation (if applicable)                    | Contribution: In-Kind<br><br>In-Kind     | 4,000.00                              | 10/23/2006<br><br>Carolyn Andretti |

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Carolyn Andretti Melander

Title

Treasurer

Date

10/25/06

Signature of Candidate (if applicable)

Date

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

**FOR OFFICE USE ONLY**

Filed: Online

10/25/2006 9:57:57PM

2 OCT 25 2006

MARION COUNTY CLERK





**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)  
Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

| FILE NUMBER                         |
|-------------------------------------|
| 5300                                |
| TOTAL PAGES IN ENTIRE CFA-11 REPORT |
| 2                                   |

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

|  |  |   |  |  |
|--|--|---|--|--|
| 1. Full name of candidate (include any nickname)<br><b>Kathryn Anne Densborn</b>   |  | <input type="checkbox"/> Check is this is a new name        | 2. Committee telephone number<br><b>(317) 257-2352</b> |  |
| 3. Mailing address (address where all campaign finance correspondence is)<br><b>7649 Washington Blvd</b>                     |  | <input type="checkbox"/> Check is this is a new address     |  |  |
| 4. City, state, ZIP code<br><b>Indianapolis IN 46240</b>   |  | 5. Party affiliation or if Independent<br><b>Republican</b> |  |  |
| 6. Office sought (include district number, if any. Not required for exploratory)<br><b>State Representative District: E6</b> |  | 7. County of residence<br><b>Marion</b>                     |  |  |
| 8. Reporting period:<br>From: <b>10/14/2006</b> Through: <b>11/05/2006</b>   |  |   |  |  |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED                      |
|---|--|---------------------------------------|------------------------------------|
|   |  |                                       | RECEIVED BY                        |
| Classification: Corporation<br>1. Cook Pharmica LLC<br>P.O. Box 489<br>Bloomington IN 47402<br><br>Contributor's Occupation (if applicable)       | Contribution: Direct<br><br>Direct       | 1,000.00                              | 10/20/2006<br><br>Carolyn Andretti |
| Classification: PAC<br>2. Indiana Realtors PAC<br>7301 N. Shadeland Ave.<br>Indianapolis IN 46250<br><br>Contributor's Occupation (if applicable) | Contribution: Direct<br><br>Direct       | 10,000.00                             | 10/20/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                           |                         |
|--|---------------------------|-------------------------|
| Signature of Treasurer<br><i>Carolyn Andretti Malarkey</i> | Title<br><i>Treasurer</i> | Date<br><i>10/22/06</i> |
| Signature of Candidate (if applicable)                     |                           | Date                    |

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10/22/2006 5:59:03PM

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

(CFA-11)

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

1. Full name of candidate (include any nickname)

Kathryn Anne Densborn

☐ Check if this is a new name

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is

7849 Washington Blvd

☐ Check if this is a new address

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if independent

Republican

6. Office sought (include district number, if any. Not required for exploratory

State Representative

District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street number, city, state ZIP code) | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY |
|---|--|---------------------------------------|------------------------------|
| Classification: Individual  | Contribution: Direct                     | 2,500.00                              | 10/17/2006                   |
| 1. Ronald B. Schwier<br>1130 Laurelwood<br>Carmel IN 46032  | Direct                                   |                                       | Carolyn Andretti             |
| Contributor's Occupation (if applicable) Business Owner   |  |                                       |                              |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Carolyn Andretti-Melander

Title

Treasurer

Date

10/19/06

Signature of Candidate (if applicable)

Date

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

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10/19/2006 7:37:48PM

8:00 AM 10/20/06

MARION COUNTY CLERK



**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48402 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

*Donna Williams*  
MARION COUNTY CLERK

(CFA-11)

06 OCT 16 PM 7:47

FILE NUMBER

5300

TOTAL PAGES IN ENTIRE CFA-11 REPORT

3

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

1. Full name of candidate (include any nickname)

☐ Check if this is a new name

Kathryn Anne Densborn

2. Committee telephone number

(317) 257-2352

3. Mailing address (address where all campaign finance correspondence is)

☐ Check if this is a new address

7649 Washington Blvd

4. City, state, ZIP code

Indianapolis IN 46240

5. Party affiliation or if independent

Republican

6. Office sought (include district number, if any. Not required for exploratory)

State Representative

District: 86

7. County of residence

Marion

8. Reporting period:

From: 10/14/2006

Through: 11/05/2006

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY   |
|--|--|---------------------------------------|--------------------------------|
| Classification: Individual<br>1. M. Douglas Williams<br>4618 Summersong Road<br>Zionsville IN 46077<br>Contributor's Occupation (if applicable) Business Owner         | Contribution: Direct<br><br>Direct       | 2,500.00                              | 10/14/2006<br>Carolyn Andretti |
| Classification: Individual<br>2. G. Donald Steel<br>10627 Indian Lake Blvd. S. Dr.<br>Indianapolis IN 46236<br>Contributor's Occupation (if applicable) Business Owner | Contribution: Direct<br><br>Direct       | 2,500.00                              | 10/14/2006<br>Carolyn Andretti |
| Classification: Individual<br>3. Christopher P. LaMothe<br>7950 Spring Mill Road<br>Indianapolis IN 46260<br>Contributor's Occupation (if applicable) Business Owner   | Contribution: Direct<br><br>Direct       | 2,500.00                              | 10/14/2006<br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

*Carolyn Andretti Molander**Treasurer**10/16/06*

Signature of Candidate (if applicable)

Date

## FOR OFFICE USE ONLY

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**SUPPLEMENTAL "LARGE CONTRIBUTION"  
REPORT BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20)

*Donna L. Bell*  
MARION COUNTY CLERK

(CFA-11)

06 OCT 16 PM 7

| FILE NUMBER                         |
|-------------------------------------|
| 47 5300                             |
| TOTAL PAGES IN ENTIRE CFA-11 REPORT |
| 3                                   |

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

## COMMITTEE INFORMATION

|   |   |   |
|---|---|---|
| 1. Full name of candidate (include any nickname)<br>Kathryn Anne Densborn   | <input type="checkbox"/> Check if this is a new name    | 2. Committee telephone number<br>(317) 257-2352 |
| 3. Mailing address (address where all campaign finance correspondence is)<br>7649 Washington Blvd                     | <input type="checkbox"/> Check if this is a new address |   |
| 4. City, state, ZIP code<br>Indianapolis IN 46240   | 5. Party affiliation or if Independent<br>Republican    |   |
| 6. Office sought (include district number, if any. Not required for exploratory)<br>State Representative District: 86 | 7. County of residence<br>Marion                        |   |
| 8. Reporting period:<br>From: 10/14/2006 Through: 11/05/2006  |   |   |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED<br>RECEIVED BY       |
|--|--|---------------------------------------|------------------------------------|
| Classification: Individual<br>4. Carolyn Andretti Molander<br>8450 North Park Avenue<br>Indianapolis IN 46240<br>Contributor's Occupation (if applicable) Retired Attorney | Contribution: In-Kind<br><br>In-Kind     | 2,046.02                              | 10/14/2006<br><br>Carolyn Andretti |
| Classification: Individual<br>5. Julie A. Davis<br>5350 Knollton Road<br>Indianapolis IN 46228<br>Contributor's Occupation (if applicable) Home Maker                      | Contribution: In-Kind<br><br>In-Kind     | 2,296.02                              | 10/14/2006<br><br>Carolyn Andretti |

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                    |                  |
|--|--------------------|------------------|
| Signature of Treasurer<br><i>Carolyn Andretti Molander</i> | Title<br>Treasurer | Date<br>10/16/06 |
| Signature of Candidate (if applicable)                     |                    | Date             |

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